

Submitted to Call for Evidence - Northern Ireland Neighbourhood Model of Care
Submitted on 2025-11-12 16:37:14

Section 1: Respondent Information

1 In what capacity are you responding to this Call for Evidence?

Professional body

Other (please specify):

2 Name and details of organisation (if applicable)

Name of organisation (if applicable):

Royal College of Speech and Language Therapists Northern Ireland

Section 2: Sharing Best Practice

3 Name of initiative/project

Name of initiative/project:

Providing online group multidisciplinary rehabilitation to people after a stroke or people with neurological conditions in Lancashire and South Cumbria ICS

4 Is the initiative/project currently active or when did it run?

Yes, active now

When did initiative/project run?:

5 Please provide a summary of the initiative or project to include aims and objectives, the partners involved, how the project was funded, its delivery and outcomes.

Summary of the initiative or project:

In the UK only 18-34% of patients who require stroke or neuro rehab receive the recommended amount of therapy.

Neuro rehabilitation online (NROL) is a service delivery model that seeks to deliver comparable outcomes to in-person rehabilitation, by delivering an increase in intensity of therapy closer to the clinical recommendations as part of a therapy plan.

NROL was developed as a standalone programme in London (by University College London) in response to the pandemic, with promising patient outcomes and positive evaluation. It was adapted to see if it could work in the NHS.

Firstly, implemented in a single-Trust and results were acceptable and appealing, so this was extended to integrate NROL at the provider collaborative level, across four trusts within the Lancashire and South Cumbria ICS.

NROL is delivered through a collaborative approach, within the community and through group therapy, delivering online real-time stroke and neurorehabilitation with dedicated technology assistance, with multidisciplinary targeted therapy and community groups delivered by the existing therapy workforce.

Impact

Positive patient outcomes are demonstrated via EQ-5D and EQ-VAS (Health-related Quality of Life) with 66-71% patients showing improvement or stability in their condition

Patient Specific Function Scale (PSFS - self rated) where 75% of patients improved or were stable.

Using NROL alongside face to face therapy, utilising the national integrated community service model, has showed significant increases in therapy provision and intensity.

By using the existing workforce differently there are cost savings in travel and therapist time

Patient feedback is overwhelmingly positive for NROL and we are very proud of what we are achieving

NROL is delivered by a multidisciplinary team of NHS professionals, including speech and language therapists and other AHPs to offer therapy sessions that include cognitive, communication, and physical rehabilitation, along with peer support.

Section 2: Sharing Best Practice

6 What was the location of the initiative/project?

Town or City

7 What Health and Social Care Trust Area was it located in? Please select all that apply.

8 Size of population serviced by the initiative

More than 50,000

9 Target Population

People with long term conditions

Other (please specify):

Section 2: Sharing Best Practice

10 What sectors best describe the organisations involved? Please select all that apply.

Community Care Allied Health Professional, Health & Social Care Trust HSC, Other (please specify below)

Other (please specify):

University College London

11 Was there an anchor or lead organisation?

Yes (please name below)

Please name organisation:

University College London piloted this first

12 What type of collaboration or partnership model was involved?

Formal HSC managed collaboration, Statutory body led

Please specify model:

13 How was the initiative funded?

Other (please provide details below)

Provide details of funding:

Pilot funded by UCL, further 4 trusts funded by NHS

Section 2: Sharing Best Practice

14 Main purpose of the initiative

Improving health outcomes, Greater patient and/or carer satisfaction, More efficient & sustainable use of resources

Specify main purpose of the initiative:

15 What were the key activities delivered? Please list and briefly describe.

What were the key activities delivered?:

NROL was developed via clinical academic partnership with UCL. It is NHS led and runs in 6 week blocks delivered through a collaborative approach, within the community and through group therapy, delivering online real-time stroke and neurorehabilitation with dedicated technology assistance, with multidisciplinary targeted therapy and community groups delivered by the existing therapy workforce. 9 options of intervention detailed below -

Community -

NROL Meet and Greet

Café NROL

Physical -

NROL with it

Upper Limb

Talking -

COGs in Motion
COGs in Action
Living Well
Fatigue Management
Simply Speaking
Tip of the Tongue

Section 2: Sharing Best Practice

16 What outcomes have been achieved?

Improved health outcomes, Increased access to services in the community, Improved service user satisfaction., More efficient & sustainable use of resources, Improved health literacy.

Please specify outcomes achieved:

17 How have these outcomes been measured or evidenced?

An informal evaluation e.g. local data monitoring, surveys, case studies (please attach a short summary, if available, at Section 3)

Section 2: Sharing Best Practice

18 What worked well in this initiative?

What worked well in this initiative?:

Impact -

Positive patient outcomes are demonstrated via EQ-5D and EQ-VAS (Health related Quality of Life) with 66-71% patients showing improvement or stability in their condition.

Patient Specific Functional Scale (Activity) where 75% of patients improved or were stable.

Using NROL alongside face to face therapy, utilising the national integrated community service model, has showed significant increases in therapy provision and intensity.

By using the existing workforce differently there are cost savings in travel and therapist time.

Patient feedback is overwhelmingly positive for NROL.

"It was good being able to do this in my own home and took away the stress of having to leave the house for therapy."

"I will miss the group work ...and feel empowered to carry on with the exercises with the knowledge that they will make a big difference to my rehabilitation going forward."

Staff feedback -

"Easier and more frequent access to a level of therapy that would normally be unattainable..."

"Helps patients to regain weekly routines and structure to their day which helps with cognitive rehab."

19 What challenges or barriers were encountered?

What challenges or barriers were encountered?:

Implementation Barriers

NROL implementation was hindered by workforce shortages, limited resources, and variations in digital systems and infrastructure across organisations. Additional funding was required to recruit staff and support consistent delivery.

20 What lessons could be applied to a neighbourhood model of care in Northern Ireland?

What lessons could be applied to a neighbourhood model of care in Northern Ireland?:

This project has positive outcomes and could be replicated across NI.

More information and advice could be sought from the teams implementing this from UCL and the 4 trusts within the Lancashire and South Cumbria areas.

Section 3: Any additional information

21 Should you have any further information you would like to share, please detail below or use the option to upload files:

Any further information:

Further examples included below -

Reimagining NHS Aphasia Rehabilitation in Mid and South Essex

A 2024–25 Stroke Quality Improvement in Rehabilitation funded pilot project in Mid & South Essex was launched to address one of the most persistent gaps in stroke rehabilitation: the delivery of effective, high-dose therapy for people with aphasia.

Despite clear evidence that intensive intervention produces the best outcomes, many NHS speech and language therapy services struggle to meet recommended therapy dose due to workforce and funding constraints. This project set out to demonstrate that with innovative use of community and digital resources, rehabilitation could be delivered at a high dose.

A small specialist team provided four-week intensive group programmes in public spaces, supported by remote therapy and digital self-practice using the CUESPEAK (IOS therapy app).

Impact

Direct economic savings: two participants discharged early from inpatient neurorehab saving £65k, furthermore two people returned to work and two began volunteering.

Outcomes from the Comprehensive Aphasia Test and Communication Confidence Rating Scale showed clear gains in speech, confidence and daily independence

Secondary benefits included improved independence (public transport, shopping) and increased public awareness through community-based delivery.

The project's success relied on a small but skilled workforce: speech and language therapists and SLT assistant formed the core team, working collaboratively across four NHS organisations alongside community stroke and Early Supported Discharge teams. This partnership approach strengthened clinical pathways and enabled consistent, high-quality delivery. The pilot also generated wider workforce benefits by upskilling generalist SLTs through education sessions, mentoring, and shared reflective practice. Staff involved in the project reported greater professional satisfaction, stronger interdisciplinary collaboration, and reduced caseload pressure across other community services.

The Acute Care at Home service (sometimes called Hospital at Home) is across several but not all trusts in NI. Having a speech and language therapist embedded in this service is vital to keep people out of hospital by managing their eating, drinking and swallowing needs at home.

Cost savings -

For an individual to take level 2 thickened fluid (using thick and easy clear) costs £312 a year. If that individual's swallowing needs were not addressed in a timely manner and they were to develop aspiration pneumonia, requiring hospital admission, for a single course of IV antibiotics, it would cost £2,820 for a week hospital stay.

The RCSLT advocate for all trusts in NI to introduce the Hospital at Home/ Acute Care at Home model with SLTs fully embedded within the service model.

Upload files:

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